

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gerhard Kastenhofer
Serial No.: 10/697,613 Examiner: Unknown
Filed: October 29, 2003 Group Art Unit: Unknown
For: MULTILAYER INTERVENTIONAL CATHETER
Docket No.: 1001.1291103

TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. § 1.8: I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450
on this 13th day of January 2004.

By

David M. Crompton

We are transmitting herewith the attached:

- [] Amendment
[] No additional fee required
[] The fee has been calculated as shown:

| CLAIMS AS AMENDED | | | | | | | |
|------------------------------------|---------------------|-----------------|-------|--------------|--------------|---------|--------------|
| | (3) | (4) | (5) | SMALL ENTITY | | OTHER | |
| | REMAINING CLAIMS | HIGHEST PAID | EXTRA | RATE | ADD'L FEE | RATE | ADD'L FEE |
| TOTAL CLAIMS | - | = | | X 9= | \$ | X 18= | \$ |
| INDEPENDENT CLAIMS | - | = | | X 43= | \$ | X 86 = | \$ |
| () FIRST MULTIPLE DEPENDENT CLAIM | | | | + 145 = | \$ | + 290 = | \$ |
| TOTAL | | | | \$ | | \$ | |

[] A check in the amount of \$_____ is enclosed. Itemization:

Fee Code _____ \$

Fee Code _____ \$

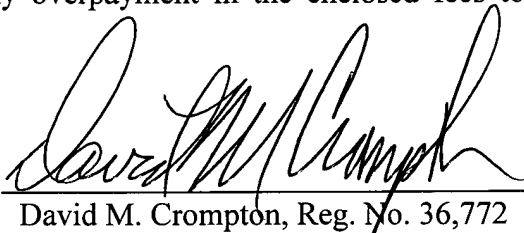
Fee Code _____ \$

[] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[XX] Other: INFORMATION DISCLOSURE STATEMENT, FORM PTO-1449, AND THREE (3) NEWLY CITED NON-U.S. PATENT/PUBLICATION REFERENCES.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
David M. Crompton, Reg. No. 36,772
Customer No. **28075**

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